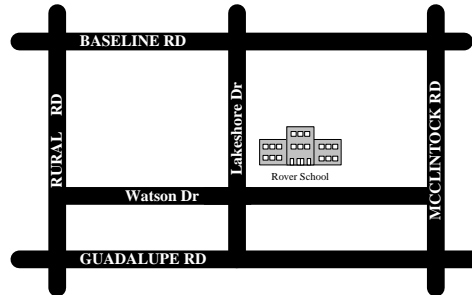


Kid Zone Enrichment Program Spring Recess Camp

Where: **ROVER School – Multi-Purpose Room**
Address: 1300 E. Watson Dr., Tempe, AZ 85283
Camp Phone: (480) 897-7122 (x6829)(K-2nd) / (x6864)(3rd-8th)
Multi-Purpose Room
No transportation is provided for this camp.



Who: Any Current **KID ZONE** Participant
However, enrollment space is limited to the DHS licensed capacity of the site!
First Come / First Serve!

When: March 9th – March 13th, 2015 (Monday – Friday)

Time: 6:30 am to 6:00 pm

Bring: A non-perishable lunch and beverage
(Morning and afternoon snacks provided!)

Camp Fee: \$120 for 5 days
\$90 for 3 days

Activity Fee: \$10 (non-refundable)

How to Register:

- By **FEBRUARY 27TH**, bring the completed registration form (one per child) to the City of Tempe Office along with your payment **or register and pay on-line. Please be aware that camps may fill prior to February 27th.** Registrations will not be accepted at the site or in the Kid Zone payment drop box. DES participants must call their caseworker prior to the start of camp to have eligibility switched to this school for camp week.

City of Tempe - Edna Vihel Building
3340 S. Rural Road
Tempe, Arizona 85282
Hours: Monday thru Friday, 8 am – 5 pm

Questions: **Call:** (480) 350-5405 **Fax:** (480) 858-7688 **Email:** kidzone@tempe.gov

Refunds or credits for camp cancellation will not be issued unless notification is given one full calendar week in advance. Cancellation deadline is Monday, March 2nd, 2015. If registrations are received after the deadline dates, no refund will be given for cancellation.

REGISTRATION FORM (ONE CHILD PER REGISTRATION FORM)

Camp Site: **Rover**

March 9th – March 13th, 2015

Child's First Name: _____ Last Name: _____

School: _____ Grade: _____

The information included on the required Emergency Information and Immunization Record Card "blue card" is accurate and up-to-date.

ALLERGIES/SPECIAL MEDICAL INFORMATION: (If your child uses an inhaler or is currently taking medications and the spring camp is not your child's home site, please bring an extra inhaler and medication to the camp site and fill out a new authorization form.)

I hereby consent to my child's participation in the Kid Zone Camp Program and assume the risks involved. I understand this camp is part of the Kid Zone Program and that all policies and procedures stated in the Kid Zone Parent Handbook and on the Kid Zone Registration Contract are in effect for this camp. I understand the fee paid does not include a premium for insurance. I authorize the Kid Zone representative to act in my behalf during the program. In case of injury or illness, I hereby give my authority to any hospital or doctor to render immediate emergency aid to my child. It is understood that the cost of this treatment will be the responsibility of the parent/guardian.

Grades K – 2nd

Date	Location	Address & Phone #	Time Departing	Time Returning	Purpose	Guardian Initials
Tuesday, March 10 th	Makutu's Island (Waiver required)	6919 W Ray Rd, Chandler, AZ 480-344-3740	8:30 am	11:30 am	Recreational	

Grades 3rd – 8th

Date	Location	Address & Phone #	Time Departing	Time Returning	Purpose	Guardian Initials
Thursday, March 12 th	Airworx (Waiver required)	4960 W Ray Rd, Chandler, AZ 480-775-3800	1:00 pm	4:30 pm	Recreational	

I am aware of and agree to assume all risks associated with my child's participation in the program and I will not hold the said organization responsible for accidents sustained in this program. In consideration of his/her participation in this activity, I release and hold harmless the Kid Zone Enrichment Program and their personnel from any liability for any injury or loss arising from participation in this activity. This does not waive any claim for intentional or grossly negligent acts of supervision. I permit my child to participate in the Kid Zone Enrichment Program field trips listed above. I also agree to release the Kid Zone Enrichment Program of any responsibility for damage to or loss of property arising from participation in this activity.

I authorize the Kid Zone Enrichment Program to obtain emergency transportation and medical treatment necessary for my child in the event of injury or illness. I further understand that the Kid Zone Enrichment Program does not carry medical or accident insurance to pay for these medical expenses incurred on behalf of my child and that I accept responsibility for any emergency transportation and medical treatment and any subsequent medical bills that my child may incur. I have notified you if my child requires any accommodations or special assistance to participate in the Kid Zone Enrichment Program.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ Date: _____

Camp Schedule

5 Days _____

3 Days _____ (Circle Days of Attendance) Monday Tuesday Wednesday Thursday Friday

Office Use Only: **Total due: \$120 (5 days) + \$10 non-refundable activity fee = \$130 OR**
\$90 (3 days) + \$10 non-refundable activity fee = \$100

Amount Paid _____ Date Paid _____ Check # _____ Cash _____ On-line/Recurring _____ Staff Initials _____

RELEASE AND PARENT/GUARDIAN WAIVER OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING IT, YOU ARE GIVING UP LEGAL RIGHTS

In consideration for being permitted in Makutu's Island and participation in the activities and any related activities (collectively, "activities") conducted by you or minors in your care custody and control while at Makutu's Island, 6919 W Ray Rd Chandler AZ 85226, I agree to the following:

ASSUMPTION OF RISK: I am the parent or legal guardian of the child or minors listed below and I agree that I and/or my child/ward am voluntarily participating in the activities offered by Makutu's Island including, but not limited to, the use of the equipment, facilities and the premises. I understand that there are physical risks associated with the use of the equipment. I understand that the Makutu's Island facility has ropes, bridges, zip tracker, tunnels, slides, vertical bungee, trampolines, barriers, and other equipment that have inherent risks for which injury will likely occur. Further, I have explained these risks to my child/ward, and I accept and assume on behalf of myself and/or child/ward, all risks of personal injury, death, or disability to myself and/or child/ward that may result from participation, or any damage, loss or theft of any personal property which me and/or child/ward may incur. In spite of the risks mentioned above I freely choose to participate and as such I assume all of the responsibility for physical injury, including death, and property loss that may result.

RELEASE OF LIABILITY: I understand that myself and/or child/ward will be engaging in recreational and sporting activities while using the Makutu's Island facility and it is my voluntary and informed decision to release any claims, demands or law suits that they may have against Makutu's Island and its affiliates, instructors, officers, directors, agents, employees, designers, licensors, and members, as well as the property owner and tenants of the property and the owners, manufacturers and installers of the equipment comprising the Makutu's Island facility (collectively, the "Releasees"). Therefore, I agree on behalf of myself and my child/ward and our personal representative, successors, heirs, and assigns to hold Releasees harmless from any and all claims or causes of action arising out of me and my child/ward's participation at the Makutu's Island facility.

I expressly release and forever discharge Releasees from any and all liability, claims, demands or causes of action whatsoever arising out of any damage, loss, personal injury, or death to me or my child/ward, while participating in any of the activities offered at the Makutu's Island facility. This includes, without limitation, use of trampolines, inflatables, receiving instruction, strenuous bodily movement, and any other activities in and around the Makutu's Island facility. This release is valid and effective whether the damage, loss, or death is a result of any act or omission on the part of any Releasees or from any other cause. This Waiver and Release of Liability includes, without limitation, injuries, or accidents, which may occur as a result of the: (a) use or misuse of the facility in any way by anyone, (b) use of any equipment that malfunctions or breaks, (c) improper maintenance of the facility, grounds, or any equipment, (d) instruction or supervision, or (e) slipping, tripping and/or falling while in the facility or on the surrounding premises. I further grant Makutu's Island the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I will inspect the portions of the facility that I intend to use prior to my using and will immediately report and defect to management. I am in good physical condition for the activity in which I will be participating and certify that I do not have any medical condition that may preclude me from safely participating.

INDEMNIFICATION: This agreement specifically contains an indemnity agreement whereby I agree to reimburse the Releasees against any damages (including attorney's fees and costs) incurred as a result of any law suit, claim, or action brought by myself, my child/ward, or any other party, related in any way to me or my child's/ward's use of the Makutu's Island facility.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND OR MY CHILD/WARD TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST RELEASEES. SHOULD ANY CLAIM BE MADE, I UNDERSTAND AND AGREE THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY'S FEES AND DEFENSE COSTS INCURRED BY RELEASEES IN CONNECTION WITH OR IN THE DEFENSE OF THAT CLAIM.

I have read the above, considered its effects, understand its content, and agree, on behalf of myself and my child/ward, to the terms as stated above. I further understand that no person has permission to use the Makutu's Island facility without an effective and validly signed Release and parental/Guardian Waiver of Liability.

Guardian Information (please write legibly)

Print name of Adult: _____ Age: _____

Address: _____

Email: _____ Phone: _____

Opt out: ☐ DO NOT send me promotional emails

Print Participant Information:

Print Participant Information:

First	Last	Birth date	First	Last	Birth date
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First	Last	Birth date	First	Last	Birth date
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First	Last	Birth date	First	Last	Birth date
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Signature of participant over 18 or Parent/Legal Guardian of Minor

Date

20140725

Grades 3rd 8th

**WAIVER AND RELEASE By PARTICIPANT/PARENT OF MINOR CHILD FROM
OWNER LIABILITY FOR JUMPZ LLC and AIRWORX**

In consideration for being permitted in the Airworx premises and participating in activities provided by Airworx, and on behalf of my minor child/children identified below, I HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge JUMPZ, LLC, dba AIRWORX and its agents, employees, officers, directors, members, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, JUMPZ, LLC, dba AIRWORX provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that trampoline activities, Dart Tag, ball sports, dodge ball, trampoline basketball, bouncy inflatable activities and/or additional recreational activities that said CHILD will participate in may involve risk and may be inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, CHILD, my heirs, assigns and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property, that I or said CHILD may have against the aforementioned released party to such activity. I have explained these risks to my child/ward. In spite of the risks mentioned above I freely want to participate and want my child to participate in the aforementioned activities.

CHILD is not suffering from any mental, emotional, or physical condition precluding participation in the amusement park rides, games, or activities and CHILD'S only limitations or activities from which said CHILD is prohibited are noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive and relinquish any and all claims of any sort whether in tort, contract equity or otherwise including any claims of personal injury, death or damage to personal property associated with JUMPZ LLC dba AIRWORX, including, but not limited to, the participation in any trampolining, rides, games, activities or otherwise, or using the facility and its equipment, or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supercedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, JUMPZ LLC dba AIRWORX whether by agreement, by operation of law, or otherwise.

By signing this Waiver and Release, I and my CHILD, each hereby jointly and severally agree to defend, indemnify and hold harmless JUMPZ, LLC dba AIRWORX against any claim resulting from, arising out of, or in any way connected with MY and/or my CHILD'S presence in and or use of the facilities provided by JUMPZ, LLC dba AIRWORX. My CHILD and I agree that any dispute or claim arising in any way or in connection with the Agreement and/or the use of or presence in the facilities provided by JUMPZ, LLC dba AIRWORX shall be decided by action, without a jury, in Maricopa County, Arizona Superior Court.

JUMPZ, LLC dba AIRWORX has no responsibility for lost, damaged or stolen items.

I, ON BEHALF OF MYSELF AND MY CHILD, ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND THAT I UNDERSTAND THE TERMS SET FORTH HEREIN AND THAT I UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND A WAIVER OF RIGHTS THAT I MAY HAVE

Grades 3rd-8th

ON BEHALF OF MYSELF AND MY CHILD TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST JUMPZ, LLC dba AIRWORX. SHOULD ANY LEGAL ACTION BE COMMENCED OR CLAIM ASSERTED, I UNDERSTAND AND AGREE THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY'S FEES AND DEFENSE COSTS INCURRED BY JUMPZ, LLC dba AIRWORX AND ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS AFFILIATES, SUCESSORS AND ASSIGNS IN CONNECTION WITH OR IN DEFENSE OF SUCH ACTION OR CLAIM.

I and my Child have a responsibility to ourselves and to other users of the JUMPZ, LLC dba AIRWORX facility, to conduct ourselves in a safe manner. If we are unsure of what our responsibilities are at any time, we will ask an employee at the facility. We are in good health and have no condition that will affect our safe use of the facility. Neither I nor my CHILD will use the facility while under the influence of drugs or alcohol or while in any other condition that would cause an impairment.

I further grant JUMPZ LLC dba AIRWORX, the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/wards' name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

I HEREBY GIVE CONSENT TO JUMPZ, LLC dba AIRWORX TO PROVIDE MEDICAL CARE AND TO GIVE AUTHORITY TO ANY MEDICAL PROVIDER TO GIVE IMMEDIATE CARE TO MY CHILD.

Initials _____

I have read the rules and instructions on the signs erected throughout the facility and/or from the Operator's Website (www.AIRWORX.us) and have received a safety briefing and/or have had an opportunity to watch the safety video prior to participation.

Initials _____

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said CHILD and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. This Release and parental/guardian Waiver is made in accordance with A.R.S. 33-1551.

Adult Participant and or Parent/Guardian Information

Please Print Legibly

Print Name of Adult Participant or Parent/Legal Guardian of Minor

Adult's Birth Date

Adult's Age

Address

City

State

Zip

Email

Emergency Phone Number

PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18
In consideration of (print up to four minors names/birthdates below of SAME parent or legal guardian):

Print Name of Participant

Minor's Date of Birth

Age

Print Name of Participant

Minor's Date of Birth

Age

Print Name of Participant

Minor's Date of Birth

Age

Print Name of Participant

Minor's Date of Birth

Age

X

Signature of participant over 18 or Parent/Legal Guardian of Minor(s)

Date